



**THE MISSISSIPPI DEVELOPMENT AUTHORITY (MDA) is proud to announce a new program offering Katrina Homeowner Grants to qualifying Mississippi residents. In short, this program is for people who owned homes located outside the federally designated flood zone, yet still suffered structural flood damage caused by Hurricane Katrina.**

**The amount of each grant will be based on several factors, including but not limited to: the insured value of your home, the amount of damage your home sustained, and the amount of any proceeds you have already received from the Federal Emergency Management Agency (FEMA), and/or your insurance company. To guarantee that each qualifying applicant will have the opportunity to receive financial assistance, the maximum amount per grant is \$150,000.**

**Under the Katrina Homeowner Grant Program, homeowners may receive up to \$150,000 or the insured value of their home times the percentage of damage the home received (whichever is less), less any insurance or FEMA payments for structural damage. If homeowners have a Small Business Administration (SBA) disaster loan, SBA will perform a duplication of benefit analysis to determine if the grant proceeds would be used to repay the loan. In addition, if homeowners must elevate their home when rebuilding to reduce the risk of damage from future storms, they may be eligible for up to \$30,000 to cover the higher cost of construction.**

**With this federally funded grant money, MDA is hopeful that thousands of homes across Mississippi can be rebuilt and repaired as soon as possible. On behalf of every Mississippian, MDA thanks you for demonstrating resilience, hope and patience during the months that have passed since Hurricane Katrina struck. You continue to make your fellow citizens proud to call Mississippi home.**

*If your primary residence sustained flood damage from Hurricane Katrina, you may be eligible for assistance.*

**TO QUALIFY FOR A KATRINA HOMEOWNER GRANT, YOU MUST MEET ALL THESE REQUIREMENTS:**

- 1** You owned and occupied your home as of August 29, 2005.
- 2** Your home was located in the Mississippi Counties of Harrison, Hancock, Jackson or Pearl River.
- 3** Your home was your primary residence on August 29, 2005.
- 4** You maintained homeowner's insurance on the property.
- 5** Your home was outside the pre-Katrina designated flood zone (FEMA-designated 100-year flood zone) on August 29, 2005, yet suffered flood damage as a result of Hurricane Katrina.

**ONLY ONE APPLICATION PER HOME IS ALLOWED. GRANT APPLIES TO STRUCTURAL DAMAGE ONLY; NOT CONTENTS OF HOME.**

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**GRANT RECIPIENTS AGREE TO ATTACH THE FOLLOWING AS COVENANTS TO THE PROPERTY:**

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- 1** Maintain flood insurance on damaged residence in perpetuity.
- 2** Rebuild or repair to applicable codes and local ordinances.
- 3** Rebuild to newly recommended FEMA flood elevations.
- 4** Manufactured housing (mobile homes) must comply with the Federal Manufactured Housing Code.

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**TO APPLY YOU WILL NEED THE FOLLOWING INFORMATION. YOU WILL BE ASKED FOR:**

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■ **CONTACT INFORMATION**

Your phone number and the address where the damage occurred and information on other ways MDA can contact you. It is very important that you provide MDA with your current mailing address and phone numbers. **The fastest form of communication will be email.**

■ **GOVERNMENT-ISSUED PHOTO IDENTIFICATION (BRING TO SERVICE CENTER)**

Your driver's license or government-issued photo ID.

■ **CITIZENSHIP CREDENTIALS (BRING TO SERVICE CENTER)**

Information regarding your citizenship status. If you are not a US citizen, you will be asked to provide documentation proving your legal immigration status, such as a Visa or Alien Registration Card ("Green Card").

■ **SOCIAL SECURITY NUMBER**

■ **2006 PROJECTED HOUSEHOLD INCOME**

Your family's projected total gross household income for January 1, 2006 to December 31, 2006. This information does not affect your eligibility or amount of award.

■ **OWNERSHIP/ACQUISITION DEED (BRING TO SERVICE CENTER)**

The name(s) listed on the Ownership/Acquisition Deed on your home, if different from your current name. If your home is a mobile home, you will need to provide the name(s) listed on the title, plus deed to the lot. If you cannot locate these documents, you may still apply.

■ **INSURANCE POLICY (BRING TO SERVICE CENTER)**

The type(s) of insurance coverage you had, including name(s) of insurer(s), policy number(s), insured value and amount of any claim(s) paid and/or pending.

■ **PROOF OF LOSS STATEMENT FROM INSURER (BRING TO SERVICE CENTER)**

■ **FLOOD INSURANCE POLICY (BRING TO SERVICE CENTER)**

■ **REBUILDING OR REPAIR DOCUMENTS (BRING TO SERVICE CENTER)**

Your certificate of occupancy if the repairs or construction are completed, or your building permit if work is underway. If you have not begun work, this information is not required.

■ **LITIGATION INFORMATION**

Information about any pending or anticipated litigation with your insurance company. This information does not affect your eligibility or amount of award.

■ **MORTGAGE INFORMATION (BRING TO SERVICE CENTER)**

The name of your mortgage lender(s), loan number(s) and remaining balance(s), if any, on all mortgage(s), home equity line(s) of credit or other lien(s) on your home.

■ **SBA LOANS (BRING TO SERVICE CENTER)**

Information about any Katrina-related loans received from the Small Business Administration (SBA).

■ **FEMA ASSISTANCE (BRING TO SERVICE CENTER)**

Information about any Katrina-related proceeds received from FEMA.

■ **USAGE OF FUNDS**

A statement of anticipated usage of funds (e.g., repair, rebuild, resettle, or undecided).



## HOW TO APPLY

### ALL APPLICATIONS MUST BE SUBMITTED AT A SERVICE CENTER:

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- To shorten your time at the Service Center, complete the online application at [www.MSHomeHelp.gov](http://www.MSHomeHelp.gov) (available by April 17).
- Or if you do not have internet access, complete the application worksheet in this guidebook.
- Once you have completed the online application or the worksheet, make an appointment by calling 866-369-6302 or by using the online appointment request form (we will begin accepting appointments by April 10).

### SERVICE CENTER INFORMATION ( SCHEDULED OPENING IS APRIL 17):

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- 1 Singing River Mall, Suite 1024, 2800 US Hwy 90, Gautier
- 2 Prime Outlet Mall (Near Hwy 49 and I-10), Gulfport
- 3 Saint Stanislaus College, 304 South Beach Boulevard, Bay St. Louis
- 4 620 North Street, Jackson

#### SERVICE CENTER HOURS

**Monday-Friday**

**Saturday**

#### COAST

**10:00 a.m.-8:00 p.m.**

**10:00 a.m.-4:00 p.m.**

#### JACKSON

**9:00 a.m.-5:00 p.m.**

**closed**

#### CALL CENTER HOURS

**Monday-Friday**

**Saturday**

**7:00 a.m.-7:00 p.m.**

**7:00 a.m.-7:00 p.m.**

Bring required information with you. Please be on time. **ALL PARTIES LISTED ON THE DEED MUST COME TO THE SERVICE CENTER TOGETHER.**

### ONLINE APPLICATION INSTRUCTIONS:

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- Completing the application will take approximately 30-60 minutes.
- Create an account online. You will be given a username and password, which you **must** bring to your Service Center appointment.
- Read the information carefully and answer the questions on the screen. After you have answered all of the required questions, select the “Next” button at the bottom of the page to continue.
- As you progress through the application process, the tabs at the top of the screen change. You can review any of the information you previously completed by selecting the appropriate tab.
- You may cancel your application at any time by selecting “Delete this Application.” This action cannot be undone.
- This application is best viewed in full screen mode.
- Once you have completed the application, call 866-369-6302 or request an appointment online.

## SERVICE CENTER

### WHAT HAPPENS AT THE SERVICE CENTER:

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- 1** Please be on time for your appointment or you will have to re-schedule. Expect to be at the Service Center for up to two hours. If you complete the online application, your stay should be shorter.
- 2** All parties listed on the deed must come to the Service Center together.
- 3** Please bring all necessary documents as listed in this guidebook.
- 4** If Applicant(s) has not completed application online, a Customer Service Agent will help applicant create an online account. If applicant(s) has completed registration online, you **must** bring your username and password to your appointment. A Customer Service Agent will review application with Applicant(s) and verify that the application is complete.
- 5** Customer Service Agent will review and create a scanned copy of all necessary documents from applicant(s) and verify that all required documentation has been obtained.
- 6** Applicant(s) will sign application and will be presented with proof of application.
- 7** Customer Service Agents do not have the authority to make a decision concerning your grant eligibility or to estimate how much grant money you may be eligible to receive.



## APPLICATION WORKSHEET

Beginning April 17, you can make the application process much faster by completing your application at [www.MSHomeHelp.gov](http://www.MSHomeHelp.gov). If you do not have internet access, please complete this worksheet by hand. It will then be entered into the system at your Service Center appointment.

### STEP 1: APPLICATION INFORMATION

#### PRIMARY APPLICANT:

PREFIX: ☐ MR ☐ MRS ☐ MS ☐ DR ☐ REV

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX: ☐ Jr ☐ Sr ☐ MD ☐ PhD

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

GOVERNMENT-ISSUED PHOTO ID TYPE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ US CITIZEN? ☐ yes ☐ no

IF NO, ALIEN REGISTRATION NO.: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

*The following information is for reporting purposes only and will not affect your eligibility for assistance.*

GENDER: ☐ M ☐ F ☐ Decline to answer

MARITAL STATUS: ☐ Married ☐ Single, never married ☐ Separated ☐ Divorced ☐ Widow  
☐ Decline to answer

RACE: ☐ Caucasian ☐ Black / African-American ☐ Asian ☐ American Indian ☐ Alaska Native  
☐ Hawaiian Other \_\_\_\_\_ ☐ Decline to answer

ETHNIC BACKGROUND: ☐ Hispanic ☐ Vietnamese Other \_\_\_\_\_ ☐ Decline to answer

#### JOINT APPLICANT (IF MORE THAN ONE NAME IS LISTED ON OWNERSHIP/ACQUISITION DEED):

PREFIX: ☐ MR ☐ MRS ☐ MS ☐ DR ☐ REV

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX: ☐ Jr ☐ Sr ☐ MD ☐ PhD

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

GOVERNMENT-ISSUED PHOTO ID TYPE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ US CITIZEN? ☐ yes ☐ no

IF NO, ALIEN REGISTRATION NO.: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

*The following information is for reporting purposes only and will not affect your eligibility for assistance.*

GENDER: ☐ M ☐ F ☐ Decline to answer

MARITAL STATUS: ☐ Married ☐ Single, never married ☐ Separated ☐ Divorced ☐ Widow  
☐ Decline to answer

RACE: ☐ Caucasian ☐ Black / African-American ☐ Asian ☐ American Indian ☐ Alaska Native  
☐ Hawaiian Other \_\_\_\_\_ ☐ Decline to answer

ETHNIC BACKGROUND: ☐ Hispanic ☐ Vietnamese Other \_\_\_\_\_ ☐ Decline to answer

**CURRENT MAILING ADDRESS (ALL CORRESPONDENCE WILL BE SENT TO THIS ADDRESS):**

NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EMAIL ADDRESS 1: \_\_\_\_\_

EMAIL ADDRESS 2: \_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) EXT: \_\_\_\_\_ EVENING PHONE: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) EXT: \_\_\_\_\_

CELL PHONE: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) EXT: \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) EXT: \_\_\_\_\_

FAX NUMBER: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) EXT: \_\_\_\_\_

**RELATIVE/FRIEND NOT LIVING WITH YOU (IN CASE MDA IS UNABLE TO CONTACT YOU):**

NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) EXT: \_\_\_\_\_

**STEP 2: DAMAGED RESIDENCE INFORMATION**

**DAMAGED RESIDENCE ADDRESS (CHECK BOX IF SAME AS CURRENT ADDRESS ☐):**

ADDRESS LINE 1: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: Mississippi ZIP: \_\_\_\_\_

COUNTY: ☐ Jackson ☐ Harrison ☐ Hancock ☐ Pearl River

DAMAGED RESIDENCE PHONE: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) EXT: \_\_\_\_\_

TAX PARCEL ID NUMBER: \_\_\_\_\_

TYPE OF STRUCTURE: ☐ Single family home ☐ Duplex (2-4 UNITS WITH AT LEAST 1 UNIT OWNER-OCCUPIED)  
☐ Manufactured home (mobile home)

WAS DAMAGED RESIDENCE YOUR PRIMARY RESIDENCE ON AUGUST 29, 2005? ☐ yes ☐ no

WAS DAMAGED RESIDENCE LOCATED WITHIN THE 100-YEAR FLOOD PLAIN? ☐ yes ☐ no ☐ don't know

IF DAMAGED RESIDENCE IS A MOBILE HOME, DO YOU OWN THE LOT WHERE THE MOBILE HOME WAS LOCATED? ☐ yes ☐ no

**NAME ON OWNERSHIP/ACQUISITION DEED OF DAMAGED RESIDENCE**

(CHECK BOX IF SAME AS PRIMARY APPLICANT ☐):

PREFIX: ☐ MR ☐ MRS ☐ MS ☐ DR ☐ REV

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX: ☐ Jr ☐ Sr ☐ MD ☐ PhD

IS THERE A SECOND NAME ON OWNERSHIP/ACQUISITION DEED OF DAMAGED RESIDENCE? ☐ yes ☐ no

if yes:

**SECOND NAME ON OWNERSHIP/ACQUISITION DEED OF DAMAGED RESIDENCE (CHECK BOX IF SAME AS JOINT APPLICANT ☐):**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX: ☐ Jr ☐ Sr ☐ MD ☐ PhD

ESTIMATED COST TO REPAIR/REPLACE DAMAGED RESIDENCE, IF KNOWN: \$ \_\_\_\_\_

SOURCE OF ESTIMATE:   ☐ Insurance   ☐ Third Party Appraiser   ☐ Self   ☐ Contractor   ☐ SBA   ☐ FEMA

☐ Other   ☐ Other Explanation \_\_\_\_\_

ANTICIPATED USAGE OF FUNDS:   ☐ Repair   ☐ Rebuild   ☐ Resettle   ☐ Undecided

WAS A **HOMEOWNER'S INSURANCE POLICY** IN EFFECT ON DAMAGED RESIDENCE ON AUGUST 29, 2005? ☐ yes ☐ no

if yes:

INSURANCE COMPANY: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_

PHONE NUMBER OF AGENT: (\_\_\_\_\_-)\_\_\_\_\_-\_\_\_\_\_

NAME(S) OF INSURED: (CHECK BOX IF SAME AS PRIMARY APPLICANT ☐)

PREFIX: ☐ MR    ☐ MRS    ☐ MS    ☐ DR    ☐ REV

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX: ☐ Jr    ☐ Sr    ☐ MD    ☐ PhD

POLICY NO.: \_\_\_\_\_

POLICY START DATE (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ POLICY EXPIRATION DATE (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

INSURED VALUE OF DAMAGED RESIDENCE: \$\_\_\_\_\_ TOTAL DAMAGE ESTIMATED BY INSURER: \$\_\_\_\_\_

NUMBER OF KATRINA-RELATED CLAIMS PAID TO DATE BY INSURER FOR STRUCTURAL DAMAGE: \_\_\_\_\_

VALUE OF KATRINA-RELATED CLAIMS PAID TO DATE BY INSURER FOR STRUCTURAL DAMAGE: \$ \_\_\_\_\_

IF YOU HAVE SETTLED, FOR HOW MUCH: \$ \_\_\_\_\_ IF PENDING, FOR HOW MUCH: \$ \_\_\_\_\_

WAS A **WIND INSURANCE POLICY** IN EFFECT ON DAMAGED RESIDENCE ON AUGUST 29, 2005? ☐ yes ☐ no

if yes:

INSURANCE COMPANY: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_

PHONE NUMBER OF AGENT: (\_\_\_\_\_-)\_\_\_\_\_-\_\_\_\_\_

NAME(S) OF INSURED: (CHECK BOX IF SAME AS PRIMARY APPLICANT☐)

PREFIX: ☐ MR    ☐ MRS    ☐ MS    ☐ DR    ☐ REV

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX: ☐ Jr    ☐ Sr    ☐ MD    ☐ PhD

POLICY NO.: \_\_\_\_\_

POLICY START DATE (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_\_ POLICY EXPIRATION DATE (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

INSURED VALUE OF DAMAGED RESIDENCE: \$ \_\_\_\_\_ TOTAL DAMAGE ESTIMATED BY INSURER: \$ \_\_\_\_\_



ESTIMATED PAYOFF BALANCE: \$ \_\_\_\_\_

DO YOU HAVE A **THIRD** MORTGAGE OR HOME EQUITY LINE OF CREDIT? ☐ yes ☐ no

if yes:

NAME OF LENDER: \_\_\_\_\_ LOAN NO.: \_\_\_\_\_

ESTIMATED PAYOFF BALANCE: \$ \_\_\_\_\_

DO YOU HAVE A **FOURTH** MORTGAGE OR HOME EQUITY LINE OF CREDIT? ☐ yes ☐ no

if yes:

NAME OF LENDER: \_\_\_\_\_ LOAN NO.: \_\_\_\_\_

ESTIMATED PAYOFF BALANCE: \$ \_\_\_\_\_

## STEP 5: DISASTER RELIEF ASSISTANCE/APPLICATIONS

DID YOU **REGISTER** WITH FEMA FOR ANY KATRINA-RELATED ASSISTANCE FOR **STRUCTURAL** DAMAGE TO YOUR HOME?

☐ yes ☐ no

if yes:

HAVE YOU **RECEIVED** ANY KATRINA-RELATED ASSISTANCE FOR **STRUCTURAL** DAMAGE TO YOUR HOME?

☐ yes ☐ no

if yes:

FEMA REGISTRATION NUMBER: \_\_\_\_\_

AMOUNT APPROVED: \$ \_\_\_\_\_ AMOUNT RECEIVED TO DATE: \$ \_\_\_\_\_

HAVE YOU **APPLIED** FOR ANY KATRINA-RELATED ASSISTANCE FROM THE SBA FOR DAMAGE TO YOUR HOME? ☐ yes ☐ no

HAVE YOU **RECEIVED** ANY KATRINA-RELATED ASSISTANCE FROM THE SBA FOR DAMAGE TO YOUR HOME? ☐ yes ☐ no

if yes:

LOAN NUMBER: \_\_\_\_\_ FEMA REGISTRATION NUMBER: \_\_\_\_\_

AMOUNT APPROVED: \$ \_\_\_\_\_ AMOUNT RECEIVED TO DATE: \$ \_\_\_\_\_

## STEP 6: HOUSEHOLD INFORMATION (THIS IS FOR REPORTING PURPOSES ONLY AND WILL NOT AFFECT YOUR ELIGIBILITY FOR ASSISTANCE):

PROJECTED 2006 GROSS TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

HOUSEHOLD OCCUPANTS:

☐ SELF

☐ SPOUSE

SPOUSE'S NAME: \_\_\_\_\_ BIRTHDATE (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ DEPENDENTS NAMES & BIRTHDATES (MM/DD/YYYY):

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

## STEP 7: ACKNOWLEDGEMENTS

- 1 It is not necessary that grant recipients settle with their insurance company before applying for this program. Any future insurance settlement(s) and/or damage award(s) will be assigned to MDA to reduce the award amount once the settlement is received.
- 2 Applicant asserts and certifies that all the information on this application and any attachments are true to the best of applicant's knowledge and may be relied upon to provide disaster assistance. All damages claimed are a direct result of the declared disaster. **Applicant understands that he/she could lose benefits and could be prosecuted by Federal, State and local authorities for making false, misleading and/or incomplete statements.**
- 3 To receive grant proceeds, recipients agree to attach covenants to their property.
- 4 Applicant acknowledges that they will be required to obtain subordination documents from all lienholders.
- 5 Applicant should seek financial and/or legal advice regarding the tax implications of assistance.
- 6 All parties listed on the deed must sign the application.

**ANY CHANGES TO THE INFORMATION SHOWN IN THIS DOCUMENT WILL BE INCORPORATED AT REGULAR INTERVALS ON OUR WEBSITE.**

### DISCLOSURES/RIGHTS/RESPONSIBILITIES:

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PAPERWORK BURDEN DISCLOSURE NOTICE: Public reporting burden for this form is estimated to average 30-60 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: State of Mississippi, Mississippi Development Authority, 501 North West Street, E.T. Woolfolk Building, Suite 600, Jackson, MS 39201. This disclosure notice is disclosed in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520) under OMB control number 2506-0165. **NOTE: Do not send your completed form to this address.**

### CONSENT AND RELEASE FORM, NONPUBLIC PERSONAL INFORMATION FORM:

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I/We, (Applicant/Joint Applicant) do hereby consent to and authorize the Mississippi Development Authority, its partners, affiliates, agents, contractors and their respective assigns (collectively "MDA"), as part of my/our application for the homeowner assistance program (the "Program"), to request, access, review, disclose, release and share any and all Nonpublic Personal Information ("NPI"), whether provided by me/us in this application or by additional outside third parties with whom I/We may or may not have a relationship, as necessary, for a period not to exceed twelve (12) months from the date hereof, for final determination of my/our eligibility for and the amount of assistance under the Program. I/We understand and acknowledge that any party disclosing information to the MDA on my/our behalf is not responsible for any negligent misrepresentation or omission and I/We agree to hold such disclosing parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this consent, I/We further authorize MDA and any other financial institution, lender, insurer, government agency (federal or state) credit bureau and/or financial service provider to obtain, use and disclose any of my/our NPI in their possession, as necessary, to enable MDA to administer the Program and process my/our application. I/We understand and acknowledge that MDA may obtain, use and disclose any NPI received in its investigation of my/our application with required third parties, including those referenced above, as necessary for final determination of my/our eligibility for and the amount of assistance under the Program.

I/We acknowledge that I/We have received and reviewed MDA's privacy policy as it relates to my/our NPI and my/our right to privacy associated therewith. I/We also understand and acknowledge that, as part of that policy, my/our consent may be revoked at any time with written notice to the MDA. I/We further understand and acknowledge that any such revocation of this consent may affect my/our ability to receive assistance under the Program.

By completing and signing this application, I/We acknowledge and agree to the above and agree that this consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state) credit bureau and/or financial service provider.

### MISSISSIPPI DEVELOPMENT AUTHORITY PRIVACY POLICY:

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MDA is obligated by law, specifically the Right to Financial Privacy Act of 1978, and the Privacy Act of 1974 (collectively the "Acts"), to inform you of your right to privacy as it relates to all Nonpublic Personal Information ("NPI") used in the process of your application. Keeping your NPI secure, and using it only as necessary to administer the homeowner assistance program and process your application, is MDA's top priority.

The Acts provide that we may access your financial records when considering or administering government loan or loan guaranty assistance to you. We must give a financial institution a certificate of our compliance with the Acts when we first request access to your financial records. No other certification is required for later access. Our access rights continue for the term of any approved assistance program. We do not have to give you any additional notice of our access rights during the term of the assistance.

As part of your application you will be required to consent to MDA accessing information about you from various sources as well as sharing any information obtained about you with various third parties.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect NPI about you that is provided to us by you or obtained by us from third parties with your authorization or otherwise. We will access, among other things, financial records held by financial institutions, insurance companies and their agents and information available from other state and federal governmental authorities. The necessary NPI includes your social security number, loan balances and information, information about your residence, insurance and claims information, governmental assistance received and any other information MDA needs to evaluate and process your application.

## **PARTIES TO WHOM WE DISCLOSE INFORMATION**

We will not disclose any NPI obtained in the course of the assistance except as required or permitted by law and except pursuant to your consent. Whenever we share information, we stress the confidential nature of information being shared. We may transfer to another government authority any information, including financial records, included in an application or about an approved application as necessary to process that application. We will not permit any transfer of your financial records to another government authority except as required or permitted by law or except pursuant to your consent.

## **PROTECTING THE CONFIDENTIALITY AND SECURITY OF YOUR INFORMATION**

We will retain records relating to the assistance and your application as necessary to assist you in the future and as required by law. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with all applicable laws and regulations.

## **FAIR CREDIT REPORTING ACT “OPT OUT” DISCLOSURE**

Under the Fair Credit Reporting Act, you may direct us not to share certain credit information with outside parties or affiliates. However, failure to allow the MDA to share your information as outlined above may hinder your ability to receive assistance. By completing and signing this application, I/We acknowledge and accept the above.

## **APPEAL PROCEDURE:**

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Any homeowner may appeal the decision (including, but not limited to, eligibility, damage assessment, amount of assistance, offsets, etc.) made by MDA to administer the homeowner assistance program if the amount in dispute is at least \$10,000. If the amount in dispute is less than \$10,000, the decision of MDA shall be final.

Appeals from a decision by MDA must be submitted in writing to MDA c/o Reznick Mississippi LLC at 1625 E. County Line Road #200-111, Jackson, MS 39211-1832 within 30 days of the homeowner's receipt of MDA's decision. The appeal must explain the specific disagreements with MDA's decision(s), and should include all documentation to support the homeowner's position. There is no specified format for an appeal; however, an appeal must include the homeowner's name and current mailing address, the homeowner's social security number, the street address of the damaged residence and the application number assigned to the homeowner's application.

MDA will promptly forward the appeal to the Mississippi Development Authority Appeals Board (the “Appeals Board”), together with a complete copy of the homeowner's application file and a written explanation of MDA's position.

The Appeals Board may request additional information from the homeowner or MDA in such form as the Appeals Board shall determine.

In its decision, the Appeals Board may affirm, modify or overturn MDA's decision and may remand any issue to MDA for additional findings or determinations.

The decision of the Appeals Board shall be in writing and sent by regular mail to the current address of the homeowner.

The decision of the Appeals Board shall be final. The homeowner shall have no right to a judicial review of a decision of the Appeals Board.

Applicant must agree to this procedure as part of the application process.

## **EXAMPLES:**

If the grant amount is \$25,000 and the homeowner believes it should have been \$40,000, a disputed difference of \$15,000, the homeowner has met the \$10,000 dispute threshold and can appeal. Differently, if the grant amount is \$25,000 and the homeowner believes it should have been \$30,000 – the difference of \$5,000, being less than the \$10,000 dispute threshold, is not eligible for appeal.